

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-050412

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

3960

FILED JAN 3 1964

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 4002			
2 4000			
3			
4 2			
5 1			
6			
7 0			
8 2			
9 177X			
10			
11			
12 92-0			
13			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	MEDICAL CERTIFICATION	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>D.O.A. ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>Robertson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Country Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>424 Summit ave</u>	
3. NAME OF DECEASED (Type or print) <u>FRAZIER VINCENT</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/22/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pension</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flossiant mo</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>HENRY Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Frezzetta Vincent</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>119 Frezzetta</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>adenocarcinoma of the prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastasis to regional lymph nodes</u> DUE TO (c) <u>generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10-10-63</u> Month, Day, Year <u>12-24-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>601 S. Brantwood (Clayton) Mo</u>		
21. I attended the deceased from <u>10-20-63</u> to <u>12-24-63</u> and last saw him alive on <u>12-24-63</u> Death occurred at <u>12-24-63</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12-26-63</u>	
22a. SIGNATURE <u>Clifford</u> (Type or print)		22b. ADDRESS <u>601 S. Brantwood (Clayton) Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/28/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Coldwater Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clayton Mo</u>
24. FUNERAL DIRECTOR <u>H. L. &amp; Radford</u> ADDRESS <u>1713 N. Grand St</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.